

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

Attachment 1.1-A

State of Indiana

**OFFICIAL**

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

X the Office of Medicaid Policy and Planning will be  
single State agency responsible for: ~~is~~ the  
administering the plan.

The legal authority under which the agency administers  
the plan on a Statewide basis ~~is~~ after December 31, 1991 is  
Public Law 9-1991, Article 6, Chapter 6, Sec. 1-3.

(statutory citation)

supervising the administration of the plan by local  
political subdivisions.

The legal authority under which the agency supervises  
the administration of the plan on a Statewide basis is  
contained in:

(statutory citation)

The agency's legal authority to make rules and regulations  
that are binding on the political subdivisions administering  
the plan is:

(statutory citation)

12-2-91  
Date

Timothy S. Pearson  
Signature

Attorney General of Indiana  
Title

HCFA-179 91-16 Date Rec'd 12-13-91  
Supersedes 73-15 Date Appr. 3-13-92  
State Rep. In Date Eff. 1-1-92